



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
SOLID WASTE MANAGEMENT DISTRICT ANNUAL REPORT

1. SOLID WASTE MANAGEMENT DISTRICT	2. FISCAL YEAR PERIOD: FROM JULY 1, TO JUNE 30,
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GOALS AND ACCOMPLISHMENTS

3 (a). What waste goals did the district have for the fiscal year period and what actions did the district take to achieve these goals?

3 (b). What waste goals does the district have for the upcoming fiscal period and what actions does the district plan to take to achieve these goals. Please include the types of grant proposals that will be sought for the upcoming period to assist in meeting these goals.

4 (a). What recycling goals did the district have for the fiscal year period and what actions did the district take to achieve these goals?

1.

2.

4 (b). What recycling goals does the district have for the upcoming fiscal year period and what actions does the district plan to take to achieve these goals? Please include the types of grant proposals that will be sought for the upcoming period to assist in meeting these goals.

5 (a). What resource recovery goals did the district have for the fiscal year period and what actions did the district take to achieve these goals?

5 (b). What resource recovery goals does the district have for the upcoming fiscal year period and what actions does the district plan to take to achieve these goals? Please include the types of grant proposals that will be sought for the upcoming period to assist in meeting these goals.

6. SUMMARIZE THE TYPES OF PROJECTS AND RESULTS DURING FISCAL YEAR (ATTACH ADDITIONAL SHEETS IF NEEDED.)

Name of Project Resulting in Tonnage Diversions from Landfills	Cost of Project	Number of Tons Diverted	Average Cost Per Ton Diverted

Measurable outcomes achieved

7. SUMMARIZE PROJECTS NOT RESULTING IN TONNAGE DIVERSION

Projects not resulting in tonnage diversions from landfills	Cost of Project

Measurable outcomes achieved for these projects.

8. IDENTIFY SEPARATE STATISTICS FOR ITEMS BANNED FROM LANDFILLS

List projects resulting in tonnage diversions from landfills	List cost of project resulting in tonnage diversion	Number of tons diverted from project	Average cost per ton diverted

9. IDENTIFY SEPARATE STATISTICS FOR ITEMS NOT BANNED FROM LANDFILLS

List projects resulting in tonnage diversions from landfills	List cost of project resulting in tonnage diversion	Number of tons diverted from project	Average cost per ton diverted

10. Describe your district's grant proposal evaluation process.

BOARD AND COUNCIL MEMBERS			
Name <input type="checkbox"/> Board <input type="checkbox"/> Council		Address	
Representative of		City	State Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Public <input type="checkbox"/> City <input type="checkbox"/> Other _____		Telephone number with area code	Fax
Official Title:		E-mail	
Officer <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____			

Name <input type="checkbox"/> Board <input type="checkbox"/> Council		Address	
Representative of		City	State ZIP Code
<input type="checkbox"/> County <input type="checkbox"/> Public <input type="checkbox"/> City <input type="checkbox"/> Other _____		Telephone number with area code	Fax
Official Title		E-mail	
Officer <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____			

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<input type="checkbox"/> County <input type="checkbox"/> Public <input type="checkbox"/> City <input type="checkbox"/> Other _____		Telephone number with area code	Fax
Official Title		E-mail	
Officer <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____			

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Officer <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____			

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Officer <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____			

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<input type="checkbox"/> County <input type="checkbox"/> Public <input type="checkbox"/> City <input type="checkbox"/> Other _____		Telephone number with area code	Fax
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Officer: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____			